Instructions | Clear Form

THE STATE OF NEW HAMPSHIRE
JUDICIAL BRANCH
http://www.courts.state.nh.us

Court Name: _____

Case Name: _____

Case Number: _____
(if known)

MEDICAL INFORMATION ON BIRTH PARENTS

☐ Birth Mother ☐ Birth Father (Use separate form for each parent.)

For each of the medical conditions described below, please check the appropriate column indicating whether you or any blood relative (i.e. your mother, father, sisters, brothers, grandparents, aunts, uncles or any other children you have had) ever had, or now have, the condition listed. Complete the "Comments" section as needed using a separate sheet of paper if additional space is required.

MEDICAL CONDITION	NO	NOT KNOWN	YES (SELF)	YES (RELATIVE)	COMMENTS
1. Club Foot	☐	☐	☐	☐	
2. Harelip, cleft lip, or cleft palate	☐	☐	☐	☐	
3. Congenital heart defect	☐	☐	☐	☐	
4. Any other malformations	☐	☐	☐	☐	
5. Muscular Dystrophy	☐	☐	☐	☐	Part of body involved? Age at onset?
6. Multiple Sclerosis	☐	☐	☐	☐	
7. Cerebral Palsy	☐	☐	☐	☐	
8. Other paralysis or crippling disorder	☐	☐	☐	☐	
9. Seizures, convulsions or epilepsy	☐	☐	☐	☐	Age at onset? What Treatment? Frequency?
10. Blindness, glaucoma or other visual problems	☐	☐	☐	☐	Age at onset? Cause? Special Education?
11. Deafness or other ear problems	☐	☐	☐	☐	
12. Speech problem	☐	☐	☐	☐	Age at onset? Cause? Special Education?
13. Learning disability	☐	☐	☐	☐	
14. Retardation: mental or physical	☐	☐	☐	☐	Any diagnosis or cause? Hospitalized?
15. Diabetes	☐	☐	☐	☐	Age at onset? Treatment?
16. Thyroid disorder	☐	☐	☐	☐	

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MEDICAL INFORMATION ON BIRTH PARENTS

MEDICAL CONDITION	NO	NOT KNOWN	YES (SELF)	YES (RELATIVE)	COMMENTS
17. Other hormone disorder	☐	☐	☐	☐	
18. Eczema or other skin conditions	☐	☐	☐	☐	Any cause known? What treatment? Medication?
19. Asthma	☐	☐	☐	☐	
20. Hay fever or other allergy	☐	☐	☐	☐	
21. Schizophrenia	☐	☐	☐	☐	Age at onset? Treatment? Hospitalization?
22. Manic depressive	☐	☐	☐	☐	
23. Other mental or emotional illness	☐	☐	☐	☐	
24. Hypertension (high blood pressure)	☐	☐	☐	☐	
25. Stroke	☐	☐	☐	☐	
26. Heart attack (Coronary)	☐	☐	☐	☐	
27. Other cardiovascular problems	☐	☐	☐	☐	
28. Cancer	☐	☐	☐	☐	What kind? Age at onset? What part of body?
29. Tumors	☐	☐	☐	☐	
30. Cystic Fibrosis	☐	☐	☐	☐	
31. Huntington's Disease	☐	☐	☐	☐	
32. Tuberculosis	☐	☐	☐	☐	
33. Kidney disease	☐	☐	☐	☐	Age of onset? Treatment?
34. Alcoholism or heavy drinking	☐	☐	☐	☐	
35. Drug abuse	☐	☐	☐	☐	Kind, amount and when taken.
36. Hospitalization, operation, or injury	☐	☐	☐	☐	
37. Any other conditions you or others in your family might have	☐	☐	☐	☐	

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MEDICAL INFORMATION ON BIRTH PARENTS

OTHER INFORMATION ON BIRTH PARENTS

Information given should be as of the time of the child's birth. Do not include any identifying information.

Height	Weight	Body build
Eye color	Hair color	Skin color
Age	Race	Nationality (citizenship)
Ethnic background	Religion	No. of school years completed
Future education goals		
General field of occupation		
Talents, hobbies and special interests		
Future aspirations		
Relationship between parents		
Number of other female children born to you		Ages
Number of other male children born to you		Ages

BIRTH MOTHER ONLY

MENSTRUAL AND PREGNANCY HISTORY

Age at onset of menses _____ Are periods regular? _____ Usual length of period _____

No. of days between periods _____

List all pregnancies in order. Use one line for each child, miscarriage, abortion or still-birth.

CHILDREN (Write baby girl, baby boy, miscarriage, still-birth or abortion.)	HOW MANY MONTHS DID YOU CARRY THIS PREGNANCY?	YEAR IN WHICH PREGNANCY ENDED	IF MISCARRIAGE OR ABORTION, WAS IT NATURAL OR INDUCED?

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MEDICAL INFORMATION ON BIRTH PARENTS

INFORMATION ON THIS PREGNANCY

Is the baby's father aware of this pregnancy? ☐ Yes ☐ No

Is the baby's father a genetic relative of yours? ☐ Yes ☐ No

If yes, how is he related? _____

Month prenatal care began for this pregnancy _____

Complications, if any _____

Exposure during pregnancy: ☐ X-Ray ☐ Electrocardiogram ☐ Radiation

Prescription drugs taken during pregnancy

Kind	When	Amount and frequency

Non-prescription drugs taken during pregnancy

Kind	When	Amount and frequency

Did you use alcohol during pregnancy? ☐ Yes ☐ No Amount and frequency

Amphetamines (Uppers) used during pregnancy

Kind	When	Amount and frequency

Barbiturates (Downers, cocaine, heroin, LSD, marijuana, cigarettes) used during pregnancy

Kind	When	Amount of frequency

CHILD'S BIRTH HISTORY

Child's first name	Sex	Date of birth
Time of birth	Place of birth	Weight
Length	Eye color	Hair color
Complexion	Head circumference	Chest circumference

Physical appearance including abnormalities

Term Premature _____ weeks Postmature _____ weeks Full term _____ weeks

Mother's blood type	RH factor	Baby's blood type
Type of delivery	Anesthesia used	Duration of labor
Apgar score at 1 minute	Apgar score at 5 minutes	
Condition of child at birth		